

Initial Request to Participate

DATE: _____

OFFICE OF THE STATE CONTROLLER
DIVISION OF COLLECTIONS
BUREAU OF TAX ADMINISTRATION
ATTN STACEY BARNETT OFFSET COORDINATOR
PO BOX 942850
SACRAMENTO CA 94250-5880

The _____ AGENCYCOLLEGE_____ requests authorization to participate in the Interagency Intercept Collections program beginning with the 2007 process year.

Our agency is a:

- ☐ *State agency:*
We request intercept services for delinquent debts owed to our agency. Our request and debts meet the legal requirements for participation (California Government Code Sections 12419.5, 12419.10, and 12419.11; State Administrative Manual Sections 8790.1 through 8790.8).
- ☐ *College:*
We request intercept services for delinquent debts owed to our college/post-secondary education institution. These debts may include delinquent registration, tuition, bad check fees, library fines, or other permitted debts. Our request and debts meet the legal requirements for participation (California Government Code Section 12419.7 and 12419.9; State Administrative Manual Sections 8790.1 through 8790.8).
- ☐ *City or county agency:*
We request intercept services for delinquent debts owed to our agency. These debts may include property taxes, delinquent fines, bails, vehicle parking penalties, court-ordered payments, or other permitted debts. Our request and debts meet the legal requirements for participation (California Government Code Sections 12419.8 and 12419.10).

We attached a copy of the Pre-Intercept notice we will use to notify our debtors that their funds will be intercepted to pay delinquent debts owed to our agency/college. (See the Pre-Intercept notice example)

Executive Officer/Director

Phone number: _____